

ESIS Health Pass

Dear Employee:

This document shall act as your Identification Card for your workers' compensation insurance coverage. It is important to present this document upon arrival to any medical provider that is treating you for your work-related illness or injury. If you have any questions regarding your workers compensation coverage or when seeking care from a medical provider, please contact your ESIS Adjuster at 800 685-7361.

Pharmacy Information

Use this Medical Card for any prescriptions related to your injury.



Popular Participating Pharmacies Include*:

Albertsons	Kroger	Sam's Club
CVS	Ralph's	Target
Good Day	Rite Aid	Walgreens
Kmart	Safeway	Walmart
Costco	Savon	Meijer

Phone: 888 944-3747
Bin #: 004261
PCN: CAL
Member #:

The pharmacy benefit card is only to be used for medications prescribed for your work-related injury. By using this card, you acknowledge and accept financial responsibility for any prescriptions billed under this card that are later found to be unrelated to your injury.

*This list is voluntary. The employee's choice is not restricted to the list. The employee's rights are not impaired by choosing a pharmacy from this list. It is simply provided for the employee's convenience.

To the pharmacist:

The injured worker's employer participates in a pharmacy benefit program administered by Optum. Call the Optum help desk 24 hours a day, 7 days a week, at 888 944-3747 if additional information is needed or to verify employee eligibility and receive a member ID.

PreAuthorization Requirements

Contact an ESIS claims adjuster at 800 685-7361 for information regarding state-specific regulations or for the following treatment requests:

- Non-emergency hospitalizations, surgeries, outpatient surgery, and transfers
- Psychiatric or psychological therapy
- Chiropractic treatment
- Physical therapy greater than six visits
- Work hardening or work conditioning programs
- Pain, chemical dependency, or weight loss clinics
- Nursing home or convalescent home admissions/transfers
- Home health
- Non-emergency dental services
- Biofeedback
- Imaging procedures
- Facet, trigger point, or epidural steroid injections
- Bone growth stimulators
- Durable Medical Equipment (DME)
- Experimental/investigational procedures
- Request for unusual procedures
- Repeated diagnostic studies
- Radiation therapy or chemotherapy
- Second surgical opinions
- Inpatient rehabilitation
- Acupuncture
- Myelogram/discogram

Scheduling Services

If the patient requires any of the following services/treatments, scheduling can be provided by calling the following:

Durable Medical Equipment:	ESIS DME	855 644-8246
Diagnostic Imaging (MRI, CT, EMG):	ESIS Diagnostics	855 644-8246
Physical Therapy:	ESIS Physical Therapy	855 644-8246
Transportation Services:	ESIS Transportation	866-823-0974 844-218-0621

Panel Physician

Please refer to the panel posting located at your place of employment or call 800 685-7361.



Employee Name:

Employer: Diocese of Owensboro

Event Date:

State of Jurisdiction:
Kentucky

Providers:

This patient is seeking treatment under workers compensation. Please call ESIS at 800 685-7361 with any general questions. Send bills to:

ESIS WC Claims
P.O. Box 6560
Scranton, PA 18505-6560

Employee:

Modified Duty may be available; contact your employer for details.

To locate additional medical providers, contact the ESIS claims adjuster at 800 685-7361.

Card Valid for Event Date Only

This card does not certify compensability or guarantee payment.



Upon conclusion, return this form to your Employer

PROVIDER:

Diocese of Owensboro has a return to work program designed to return injured employees to productive work as soon as possible. If _____ is unable to return to work at full duty, please return this form to our office. This information will be used in identifying other transitional employment opportunities.

Injured employees are aware of our desire to have them return to productive employment as soon as they are physically capable. If necessary, we will consider rearranging work schedules around medical appointments to facilitate an early return to work.

We would appreciate your cooperation in completing the following items on this form. It is important to our efforts in determining this person's work potential. Any item that you do not believe you can answer should be marked N/A. Thank you.

Upon completion of this information below please fax to: 800.208.8281

Patient Treated for (Diagnosis): _____

If Applicable, Referred to: _____

Date of Treatment: ____/____/____ If Applicable, Next Scheduled appointment is: ____/____/____

DISCHARGED - Resume Regular Duties

Return To Work Limitations, if any:

Occasionally = 1% to 33%

Frequently = 34% to 66%

Constantly = 67% to 100%

1) Total Hours Able to Perform Tasks:

Grid for Total Hours Able to Perform Tasks with columns 0, 1/2, 1, 2, 3, 4, 5, 6, 7, 8+ and rows Sit, Stand, Walk.

3) Person can Carry:

Grid for Person can Carry with columns Never, Occasionally, Frequently, Constantly and rows Up to 10 lbs, 11-20 lbs, 21-50 lbs, 51-100 lbs, 100+ lbs.

2) Person can Lift:

Grid for Person can Lift with columns Never, Occasionally, Frequently, Constantly and rows Up to 10 lbs, 11-20 lbs, 21-50 lbs, 51-100 lbs, 100+ lbs.

4) Person can Push/Pull:

Grid for Person can Push/Pull with columns Never, Occasionally, Frequently, Constantly and rows Up to 10 lbs, 11-20 lbs, 21-50 lbs, 51-100 lbs, 100+ lbs.

5) Person Can Do Repetitive Movements As in Operating Controls:

Form for Person Can Do Repetitive Movements As in Operating Controls with sections for Right Hand/Arm, Right Foot/Leg, Left Hand/Arm, Left Foot/Leg.

Patient Name: Sample
Employer: Sample Client

Date of Incident: 02/07/22

Doctor's Signature

Date